

Basic Skills Screening Tool

Name of Participant: _____

PIN: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1) Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalent (HSE) certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Can you follow basic written instructions and diagrams with no help or just a little help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Can you fill out basic medical forms and job applications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Can you add, subtract, multiply and divide with whole numbers up to 3 digits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Can you do basic tasks on a computer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Do you speak and read English well enough to get and keep a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature: _____

Date Signed: _____

For internal use only:

Was the individual able to complete this screening tool without help?

Name of Career Planner: _____

If any of the questions on this screening tool (including whether the individual needed help to complete it) have been answered, "No," then the individual should receive priority.

Signature of Career Planner: _____

Date Signed: _____

Does the individual receive priority?